1000 MILWAUKEE AVENUE GLENVIEW, IL 60025 Phone: 866-283-7122 Fax: 847-953-5390

## **AON RISK SERVICES**

Client	RAG American Coal -	□ Certificate(s) of In	surance   Auto ID Card(s)
Fax:	410-689-7531	Fax:	
Company:		Company:	
CC:	Mary Wong	CC:	
Fax:	801-359-3940	Pages:	4 (including Cover Sheet)
Company:	State of Utah	Date:	Tuesday, January 06, 2004
To:	Risk Manager	From:	Aon Client Services (dxl)

#### · Comments:

Attached, please find your proof of coverage document(s) as requested. Have a great day!

**Aon Client Services** 

**RECEIVED** JAN 0 6 2004

DIV. OF OIL, GAS & MINING

#### SIGNATURE SERVICE

CONFIDENTIALITY NOTICE: The materials enclosed with this facsimile transmission are private and confidential and are the property of the sender. The information contained in the material is privileged and is intended only for the use of the individual (3) or entity (ies) named above. If you are not the intended recipient, be advised that any unauthorized disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for return of the forwarded documents to us.

# Certificate of Insurance

premie 2/007/0038

To: State of Utah

Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210 P.O. Box 145801 Salt Lake City, UT 84114-5801 Re:

Willowcreek Mine Permit No. ACT/007/038

Assured:

RAG American Coal Holding, Inc. et al

999 Corporate Blvd.

Linthlcum Heights, MD 21090

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and certificing of such policies. Limits shown may have been reduced by paid claims.

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values		
Commercial General Liability	ICH GL 137-04	01/01/04 — 01/01/05		Products/Completed Operations Aggregate	
Insurance Company(les)	Insurance Corporation of Hanover		reisonj		
Automobile Liability	AS2-641-004964-114	01/01/04 - 01/01/05	\$ 1,000,000	CSL Each Occurrence	
Insurance Company(les)	Liberty Mutual Fire				
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 <b>-</b> 06/30/04	WC Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Limit		
Insurance Company(les)	Old Republic Insura	nce Company			
Excess Liability	ICH CU 231-04	01/01/04 <b>–</b> 01/01/05	\$1,000,000 Each Loss and In the aggregate as per Form, excess scheduled underlying.		
insurance Company(les)	Insurance Corporation o	f Hanover			

General Liability and Automobile Liability Include a blanket additional insured where required by written contract, but subject to the policy terms and conditions. General Liability policy includes X, C, U coverage.

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JAN 0 6 2004

DIV. OF OIL, GAS & MINING

The subscribing insurers' obligations under confracts of insurance to which tray subscribe are saveral and not joint and are limited solely to the ament of their individual subscribing insurers are not responsible for tim subscription of any reason does not satisfy all or part or its obligations. The subscribing insurers who for any reason does not satisfy all or part or its obligations.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amond, extend or after the coverage afforded by the policyties; shown hereon. Should any at the above described pulctos be cancelled before the expiration date thereof, this agency, on behalf of the issuing company(les), will endeavor to mail as days written notice to the above named conflicate holder, but tallure to mail such notice that impose no obligation or liability of any kind upon the company(les) or interagency.

Aon Risk Services of Illinois, Inc.

Date:	January	6,	200
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Certificate of Insurance

To: State of Utah

Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210

P.O. Box 145801

Salt Lake City, UT 84114-5801

Re.

Star Point #1 & #2 Mine Permit No. ACT/007/008 0/007/006

Assured:

RAG American Coal Holding Inc. et al

999 Corporate Blvd.

Linthicum Heights, MD 21090

This is to callify that the policies of insurence listed below have been leaved to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be leaved or may pertent. The insurance attended by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limbs shown may have been reduced by paid civiline.

Type of Insurance	Policy No. ICH GL 197-04	Policy Period	Policy Limits/Values		
Commercial General Liability		01/01/04 — 01/01/05	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate		
				Each Occurrence Fire Damage (Any One Fire)	
Insurance Company(lee)	e) Insurance Corporation of Hanover				
Automobile Liability	A\$2-641-004364-114	01/01/04 - 01/01/05	\$ 1,000,000	CSL Each Occurrence	
Insurance Company(les)	Liberty Mutual Fire				
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 <b>-</b> 06/30/04	WC Statuton	rEL:	
			\$1,000,000 [	fach Accident Disease – Policy Limit Disease – Each Limit	
insurance Company(les)	Old Republic Insura	nce Company			
Excess Liabilly	ICH CU 231-04	01/01/04 — 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.		
Insurance Company(les)	Insurance Corporation of	f Hanover			

General Liability and Automobile Liability include a bianket additional insured where required by written contract, but subject to the policy terms and conditions. General Liability policy includes X, C, U coverage.

RECEIVED

JAN 0 6 2004

DIV. OF OIL, GAS & MINING

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not John and are limited solely to the extent of their individual subscribing. The subscribing insurers are not responsible for the subscribing of any costal extent insurers who for any reason does not existly all or pain of its obligations.

This contilicate is listing as a matter of information only and confers no rights upon the conflictle holder. This optificate does not amend, extend or after the coverage altered by the policytes) shown hereon. Should any of the above described policies to canceled before the expiration date thereof, this agency, on bahalf of the isating companyles), will endeaved a mail 45 days whiten notice to the above named certificate holder, out failure to mail such notice shall impose no obligation or liability of any kind upon the companyles) or this agency.

Aon Risk Services of Illinois, inc.

Date: January 6, 2004

By;

The Mind

### Certificate of Insurance

To: State of Utah

Division of Oil, Gas and Mining 1594 West North Temple, Suits 1210 P.O. Box 145801

Salt Lake City, UT 84114-5801

Assured:

RAG American Coal Holding, Inc. et al including Castlegate Holding Company

999 Corporate Blvd.

Linthicum Heights, MD 21090

Re: Castle Gate Mines

Permit No. ACT/007/004, Folder No. 4

Carbon County, Utah

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contain. The insurance afforded by the policies described harein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Type of Insurance	Policy No. ICH GL 137-04	Policy Period	Policy Limits/Values		
Commercial General Liability		01/01/04 - 01/01/05	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate		
			\$ 1,000,000		
				Each Occurrence	
			, -,	Fire Damage (Any One Fire)	
			\$ 10,000	Medical Expense (Any One Person)	
Insurance Company(les)	Insurance Corporation	of Hanover			
Automobile Liability	AS2-641-004964-114	01/01/04 — 01/01/05	\$ 1,000,000	CSL Each Occurrence	
insurance Company(les)	Liberty Mutual Fire				
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 — 06/30/04	WC Statutory EL:		
. ,			\$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit		

Insurance Company(les)

Old Republic Insurance Company

Excess Liability

Old Republic Insurance Company

O1/01/04 - 01/01/05

S1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.

Insurance Company(les) Insurance Corporation of Hanover

General Liability and Automobile Liability include a blanket additional Insured where required by written contract, but subject to the policy terms and conditions. General Liability policy includes X, C, U coverage.

JAN 0 6 2004

DIV. OF OIL
The subscribing insurers' obligations under continues of insurance to which they subscribe are several and not joint and are imited solid? The subscribing insurers am not responsible for the subscription of any results cribing insurer with for any reusen does not salisfy all or part of the subscriptions.

This canificate is issued as a matter of information only and content to rights upon the certificate holder. This certificate dues not amend, extend or after the noverage afforded by the policytest although moreon. Should any of the above described policies be canceled before the expiration date thereof, this agency, on behalf of me issuing company(se), will exclude mail 4d days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or flability of any kind upon the company(se) or rifle agency.

Aon Risk Services of Illinois, Inc.

The Stand

Date: January 6, 2004

Ву:

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